

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 11/12/2014	
NAME OF PROVIDER OR SUPPLIER  CROWNPOINTE OF CARMEL				STREET ADDRESS, CITY, STATE, ZIP CODE 11610 TECHNOLOGY DR CARMEL, IN 46032			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
R000000	<p>This visit was for the Investigation of Complaint IN00158004.</p> <p>Complaint IN00158004 Substantiated. State deficiency related to the allegation is cited at R0306.</p> <p>Survey Date: November 12, 2014</p> <p>Facility number: 012309 Provider number: 012309 AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN TC</p> <p>Census bed type: Residential: 31 Total: 31</p> <p>Census payor type: Other: 31 Total: 31</p> <p>Sample: 3</p> <p>This State finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by Tammy Alley RN on November 14,</p>		R000000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. This plan of correction is prepared and submitted as a requirement under state and federal law. Please accept this as our credible allegation of compliance.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

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R000306	<p>2014.</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug.</p> <p>Based on record review and interview the facility failed to ensure appropriate destruction of medications, in that when a resident had physician orders to discontinue a narcotic medication, the nursing staff failed to ensure a witness verified the destruction in regard to the number of tablets remaining for 1 of 3 sampled resident's. (Resident "A").</p>		R000306	<p>1.Resident A was not harmed. The medication was destroyed. Two nurses destroyed the medication and included the amount destroyed as well as their signatures on the narcotic count record.</p> <p>2.All residents with orders to have a narcotic medication discontinued have the potential to be affected. All nurses and QMA's were re-educated on the</p>		11/13/2014	

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	<p>Findings include:</p> <p>The record for Resident "A" was reviewed on 11-12-14 at 11:00 a.m. Diagnoses included, but were not limited to, atrial fibrillation, high blood pressure, pain, osteoporosis and history of fall. These diagnoses remained current at the time of the record review.</p> <p>The nurses notes indicated the resident "states she fell at ECF [extended care facility] on Thanksgiving Day [2013] landing on right arm and has had increased pain since then." The resident was transported to the local area hospital Emergency Room for evaluation on 01-08-14. The Emergency Room documentation indicated the resident had a "possible rotator cuff tear," and the Emergency Room physician prescribed Norco (a controlled narcotic medication) 5 mg (milligrams) every 6 hours as needed for pain.</p> <p>A physician order dated 04-29-14, instructed the nursing staff to discontinue the medication. A review of the "Drug Disposal Log," dated 04-29-14 indicated "reason - discontinued, method - flushed, amount - 20." This document only had one nurses signature and lacked a witness to the medication destruction or number of tablets destroyed.</p>		<p>facility's policy on Medication Return and Destruction,(please see attachment A &amp; B).</p> <p>3.As a measure for ongoing compliance the DON or designee will review drug destruction logs to ensure required documentation is present weekly ongoing, (please see attachment C).</p> <p>4.As a measure for quality assurance the DON or designee will complete monitoring weekly ongoing. Should a deficient practice be noted, immediate corrective action will be taken. The plan of correction will be revised accordingly, as warranted. The Administrator will monitor and sign off said monitoring on a monthly basis ongoing.</p>				

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	<p>During an interview on 11-12-14 at 11:15 a.m., the Director of Nurses indicated that if the nurse received a Doctor 's order to discontinue a narcotic, the medication remains on the cart until the nurse can destroy it. " The nurse destroys the medication with the QMA [Qualified Medication Aide] present as the witness. They confirm the count and then they both sign this form [Drug Disposal Log]. "</p> <p>During an additional interview on 11-12-14 at 11:30 a.m., the Corporate Nurse Consultant indicated the facility policy " says the medication needs to be destroyed within 7 days of receiving the order. "</p> <p>A review of the facility policy on 11-12-14 at 11:50 a.m., titled "Medication Return &amp; Destruction," and undated, indicated the following:</p> <p>"Policy - Any medication that no longer has an active order shall be destroyed or returned based on procedures below as soon as possible, but no later than within 7 days of becoming inactive. Appropriate records of destruction or return shall be maintained in each resident's clinical record. Such medications include discontinued drugs,</p>						

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	<p>outdated drugs, and drugs for residents who are deceased, or for resident who have been discharged."</p> <p>"Procedures: 1. Once a resident is no longer taking/using a medication, the nurse must determine if the medication is to be returned or destroyed... 8. A drug disposal log must be completed for the medications destroyed. If destroying a controlled substance, the quantity destroyed is recorded in the Controlled Drug Accountability Record as well as the drug disposal log. The destruction of controlled substance must be performed by a licensed personnel and a witness. 9. Oral solid dosage forms can be flushed down the toilet."</p> <p>This State tag relates to Complaint IN00158004.</p>						